Renewal Application for Sports Organization Insurance

Instructions on Completing This Form:

The Applicant(s) must give a fair presentation of the risk to be insured by disclosing all material matters or circumstances which the Applicant(s) knows or ought to know. A matter is material if it would influence the judgement of a prudent underwriter as to whether to accept the risk, or the terms of the insurance (including premium). For these purposes, the Applicant(s) knows material matters which are known to its senior management, or anybody responsible for arranging its insurance. The Applicant(s) also knows material matters which should reasonably have been revealed by a reasonable search of information available to it, which includes information held by third parties. The Applicant(s) should therefore conduct a reasonable search of such information. The Applicant(s) must disclose all material matters and circumstances known to it in a reasonably clear and accessible way, whether or not they are the subject of a specific question in this Application Form and any appendices ('Application Form').

Please answer all questions fully and tick all relevant boxes. If there is insufficient space provided to answer questions fully or if there are any material matters or circumstances not specifically covered by a question in this Application Form, they must be listed on a separate sheet of paper which must be signed, dated and attached.

Where there is reference to a defined term in this Application Form these are outlined in full in the applicable Contract of Insurance wording.

For further details or if there is any doubt as to what facts or circumstances should be disclosed, the Applicant(s) should contact their insurance broker.

Upon completion, please sign and return this form to your Insured Creativity representative or to underwriting@insuredcreativity.com and include the following where applicable:

- Copy of the Sports Participation Waiver (if changed)
- Tournament Schedule Supplement Form *(if applicable)*
- Leases/Rental Agreements (if changed)
- Athlete Safety Plans (if changed)

We strongly urge that you retain a copy of this proposal.

Please approach us with any questions you may have. We look forward to working with you.

Please complete the following:

Required Effective Date:	

Applicant / Insured Information:

Named Insured as it should appear on the policy:			
Description of Operations:	☐ Team ☐ Association	☐ Club ☐ Other:	☐ League
Mailing Address:			
City:		**Province/State:**	
Country:	CANADA	**Postal Code/Zip:**	
Telephone:		**Email:**	

General Information:

Operational Territory:	☐ Canada Only	☐ Canada/USA Only	☐ Worldwide
Annual Operating Budget:		**Payroll Expense:**	

Sport Risk Information:

Type of Sport(s) Offered:						
Type of Organization (Tick all that apply):	☐ League ☐ Association		☐ Tournament ☐ Club		☐ Academy ☐ Other:	
Number of Canadian Participants (Non-Contact):	**Ages 12 & Under:**		**Ages 13 – 17:**		**18 & Over:**	
Number of Canadian Participants (Contact):	**Ages 12 & Under:**		**Ages 13 – 17:**		**18 & Over:**	
Number of non-Canadian Participants (Non-Contact):	**Ages 12 & Under:**		**Ages 13 – 17:**		**18 & Over:**	
Number of non-Canadian Participants (Contact):	**Ages 12 & Under:**		**Ages 13 – 17:**		**18 & Over:**	
Number of Coaches:						
Number of Clubs:						
Number of Teams:						

Tournament Information:

Number of hosted tournaments:		**Number of attended tournaments:**	
For each tournament, please fill out the Tournament Information Supplement Form.			

Auxiliary Activities:

Does the organization do any social events/trophy presentations and end of season galas?	☐ Yes ☐ No
Does the organization do any fundraising events?	☐ Yes ☐ No
Does the organization enter any parades or participate in charity events?	☐ Yes ☐ No
Are there any other non-sport related activities or trips planned by this insured?	☐ Yes ☐ No
If "Yes", explain:	
Are there Games/Tournaments outside of Canada?	☐ Yes ☐ No
If "Yes", please complete the Tournament Information Supplement Form and describe the breakdown of # of tournaments / games in the US and International (non-US).	
Does the organization rent out their facility to other groups:	☐ Yes ☐ No
If "Yes", does the organization require these groups to carry their own insurance for activities held in your rented facility:	
Describe any incidents (not already reported to the insurer) the organization are aware of:	

Claim Information:

Have there been any claims in the past 5 years:	☐ Yes ☐ No
If "Yes", please ensure a loss letter is included with the submission.	

Coverage Requirements:

Commercial General Liability:	☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000
Participant Accident:	☐ Yes ☐ No
If "Yes" please select the Limit of Insurance:	☐ $10,000 Principal Sum; $1,000,000 in the Aggregate ☐ $25,000 Principal Sum; $1,000,000 in the Aggregate ☐ $50,000 Principal Sum; $1,000,000 in the Aggregate ☐ $100,000 Principal Sum; $1,000,000 in the Aggregate
If "Yes" please enter:	Number of participants in any athletic or sports event: ☐ N/A Number of volunteers: ☐ N/A Number of directors: ☐ N/A
Abuse Liability – Additional Application Required:	☐ Yes ☐ No
If Abuse Liability Cover is required, please complete the Supplemental Application for Abuse Liability and provide a copy of the Abuse Protocol.	
Does the organization serve alcohol at games/tournaments?	☐ Yes ☐ No
Who is responsible for/holds the liquor license:	☐ Venue ☐ Applicant ☐ Caterer
If the Applicant serves alcohol at games/tournaments, please complete the Supplemental Application for Liquor Liability.	
Does the organization occupy or own an office space or building?	☐ Yes ☐ No
Property – Additional Application Required:	☐ Yes ☐ No
If Property Cover is required, please complete the Application for Commercial Property Insurance.	

Other Program Details:

Please define any further details about your program that have not been outlined above:

DECLARATION:

I/we confirm that the information given in this Application Form including any attachment(s) provided to support this Application, whether in my/our own hand or not, is correct.

I/we declare that I/we have made a fair presentation of the risk by disclosing all material matters and circumstances which would influence a prudent underwriter's assessment of the risk which we know or ought to know including my/our senior management or anybody responsible for arranging my/our insurance, having conducted a reasonable search of the information available to me/us (including information held by third parties) in order to reveal those facts and circumstances. Failing that, I/we have given Underwriters sufficient information to put a prudent Underwriter on notice that it needs to make further enquiries in order to reveal material matters or circumstances, whether or not those matters, and any material matters or circumstances are not specifically covered by a question in this Application Form, I/we the Applicant(s) accept these conditions as the proposed Insured or agent of the proposed Insured.

It is understood that the signing of this Application Form does not bind the Applicant(s) to complete or Underwriters to accept this insurance.

I/we the Applicant(s) also agree that in the event any information contained in any completed Application Form and/or supplied to support this Application Form or other application for this insurance changes or becomes incorrect such as to constitute a material alteration to the risk prior to the inception date of the insurance, I/we will advise Underwriters in writing immediately on becoming aware of such changes. In such circumstances, Underwriters will be entitled to re-assess the Application for insurance, including but not limited to withdrawing any prior agreement to provide cover.

The person signing this Form is duly authorized to do so on behalf of the Applicant(s).

By submitting this application, I/we consent to the collection, use and disclosure of personal information as defined in the Privacy Policy found on Insured Creativity Inc.'s website.

Generally, information is collected and stored for the following purposes:

- The communication with policyholders
- The underwriting of policies
- The evaluation of claims
- The analysis of business results
- Purposes required or authorized by law

For the purposes identified, personal information may be disclosed to Lloyd's related or affiliated organizations or companies, their agents, and to certain non-related or unaffiliated organizations or companies, including service providers. These entities may be located outside Canada therefore a customer's information may be processed in a foreign jurisdiction and their information may be accessible to law enforcement and national security authorities of that jurisdiction.

Signing this form does not bind the Client to complete this insurance and is subject to acceptance by both parties.

Signature: _____ **Date:** _____

Name: _____ **Position:** _____